
State: Arkansas **Filing Company:** Oscar Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: Oscar AR 2022 Individual Rate Filing
Project Name/Number: /

Filing at a Glance

Company: Oscar Insurance Company
Product Name: Oscar AR 2022 Individual Rate Filing
State: Arkansas
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Filing Type: Rate
Date Submitted: 06/18/2021
SERFF Tr Num: OHIN-132851650
SERFF Status: Pending State Action
State Tr Num: ACA QHP
State Status: Under Review
Co Tr Num:

Effective 01/01/2022
Date Requested:
Author(s): Jessica Saulo, Jacob Dority, Devan Amabile, David Brandler, Tim Cabral, Nicole Rochman
Reviewer(s): Donna Lambert (primary), David Dillon
Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company Oscar Insurance Company
SERFF tracking number OHIN-132851650
Submission Date 6/18/2021
Product Name Oscar Individual PPO
Market Type ☒ Individual ☐ Small Group
Rate Filing Type ☐ Rate Increase ☒ New Filing

Scope and Range of the Increase:

The N/A % increase is requested because:

Oscar is a newly licensed health plan in Arkansas, entering the individual market for the first time in 2022. As such, the 2022 proposed premium rates do not reflect a rate change over a prior set of rates.

This filing will impact:

of Arkansas policyholder's 0 # of Arkansas covered lives 0

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved N/A %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved N/A %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved N/A %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

N/A

Financial Experience of Product

The overall financial experience of the product includes:

N/A

The rate increase will affect the projected financial experience of the product by:

N/A

Components of Increase

The request is made up of the following components:

Trend Increases – N/A % of the N/A % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is N/A % of the N/A % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is N/A % of the N/A % total filed increase.

Other Increases – N/A % of the N/A % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is N/A % of the N/A % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is N/A % of the N/A % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is N/A % of the N/A % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is N/A % of the N/A % total filed increase.

5. Other – Defined as:

N/A

This component is N/A % of the N/A % total filed increase.



Part III Actuarial Memorandum (REDACTED)

Oscar Insurance Company Arkansas Individual On- and Off-Exchange Plans 2022 Premium Rates

Prepared for:
Oscar Insurance Company

Prepared by:
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TABLE OF CONTENTS

ATTACHMENTS	3
GENERAL INFORMATION	4
PROPOSED RATE CHANGES (REDACTED)	6
EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT	7
BENEFIT CATEGORIES	7
PROJECTION FACTORS (REDACTED)	8
MANUAL RATE ADJUSTMENTS (REDACTED)	9
CREDIBILITY OF EXPERIENCE	10
ESTABLISHING THE INDEX RATE	10
DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE (REDACTED)	11
PLAN ADJUSTED INDEX RATES (REDACTED)	12
CALIBRATION (REDACTED)	13
CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT (REDACTED)	14
PROJECTED LOSS RATIO	15
AV METAL VALUES	15
MEMBERSHIP PROJECTIONS (REDACTED)	17
TERMINATED PRODUCTS	18
PLAN TYPE	18
EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL) (REDACTED)	19
DATA RELIANCE AND CAVEATS	20
ACTUARIAL CERTIFICATION	21

ATTACHMENTS

Attachment A	(REDACTED)
Attachment B	Printouts of AV Calculator Screenshots
Attachment C	(REDACTED)
Attachment D	(REDACTED)

GENERAL INFORMATION

DOCUMENT OVERVIEW

The document contains the Part III Actuarial Memorandum for Oscar Insurance Company's (Oscar) individual block of business, effective January 1, 2022. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT).

The purpose of the actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT, which support compliance with the market rating rules and reasonableness of applicable rates. This information may not be appropriate for other purposes.

This information is intended for use by the Arkansas Insurance Department (AID), the Center for Consumer Information and Insurance Oversight (CCIO), and their subcontractors to assist in the review of Oscar's individual rate filing. However, I recognize that this certification may become a public document. Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this actuarial memorandum prepared for Oscar by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

As prescribed by the AID, the premium rates developed and supported by this Actuarial Memorandum assume that Cost Sharing Reduction (CSR) subsidies will not be funded (for members above 138% of the federal poverty level) and will be calculated as described in current regulations and guidance. Subsidies will be funded for Arkansas Health and Opportunity for Me (ARHOME) members at or below 138% of the federal poverty level. Future modifications in legislation, regulation and/or court decisions regarding the funding of CSR payments may affect the extent to which the premium rates are neither excessive nor deficient.

At the time of this rate filing submission, we acknowledge there is still substantial uncertainty regarding the impact of the COVID-19 pandemic on setting premium rates, including whether the pandemic will increase or decrease costs in 2022 and how soon the recently approved vaccines will impact future experience. In response to this uncertainty, we have incorporated various premium rate adjustments to reflect the estimated financial impact of the pandemic. These adjustments were developed by Oscar and premised on assumptions of the spread of the disease, including assumptions as to how many people are infected in a population, how severe those infections are across the population, and others.

Scientific knowledge of these items is incomplete and new data on the spread of COVID-19 in the United States is still emerging. In addition, actions taken by governmental authorities and the healthcare system related to the COVID-19 pandemic are rapidly changing. Consequently, the estimated adjustments will evolve as new information becomes available and new actions are taken by the authorities and other stakeholders. Due to the limited information available on the pandemic, any analysis is subject to a substantially greater than usual level of uncertainty. If subsequent information becomes available that would materially affect this rate filing submission, we would like to work with the AID to update our pricing assumptions regarding the impact of COVID-19 and resubmit this rate filing.

Future regulatory changes may affect the extent to which the rates presented herein are neither excessive nor deficient.

COMPANY IDENTIFYING INFORMATION

Company legal name: Oscar Insurance Company

State: Arkansas

HIOS Issuer ID: 15724

Market: Individual

Effective Date: January 1, 2022

COMPANY CONTACT INFORMATION

Primary Contact Name: Jessica Saulo

Primary Contact Telephone Number: (917) 915-8090

Primary Contact E-mail Address: jsaulo@hioscar.com

PROPOSED RATE CHANGES (REDACTED)

EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

Not applicable. Oscar is a newly licensed commercial insurer in Arkansas. Therefore, the premium rates presented are 100% manually rated.

BENEFIT CATEGORIES

The benefit categories are based on the algorithm used by Milliman's HCGs. The HCG grouper uses a combination of Diagnosis-Related Groups (DRGs), Current Procedural Terminology Codes – Fourth Edition (CPT-4 codes), Healthcare Common Procedural Coding System codes (HCPCS), and revenue codes to allocate detailed claims into roughly 60 benefit categories. Service classification may also be dependent on criteria such as site of service, physician specialty and procedure code modifier (e.g., anesthesia modifier). The HCG grouper is updated annually to incorporate any new codes so the classification methodology remains current.

Manual utilization and cost data was assigned to benefit categories as shown in Worksheet 1, Section I of the Part 1 URRT based on place and type of service using a detailed claims mapping algorithm summarized as follows:

INPATIENT HOSPITAL

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

OUTPATIENT HOSPITAL

Includes non-capitated facility services for surgery, emergency room, laboratory, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.

PROFESSIONAL

Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital-based professionals whose payments are included in facility fees.

OTHER MEDICAL

Includes non-capitated ambulance, home health care, durable medical equipment (DME), prosthetics, supplies, vision exams, dental services and other services. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

CAPITATION

Includes the amount for any services that are provided on a capitated basis.

PRESCRIPTION DRUG

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

PROJECTION FACTORS (REDACTED)

MANUAL RATE ADJUSTMENTS (REDACTED)

CREDIBILITY OF EXPERIENCE

Not applicable. Oscar does not have experience in the base period to use in rate development; therefore, the 2022 rate development is based solely on manual rates.

ESTABLISHING THE INDEX RATE

As Oscar will be a new commercial health insurer in Arkansas in 2022, it has no claims experience. Therefore, it does not have an experience period index rate.

The Index Rate for the projection period is a measurement of the average allowed claims PMPM for EHB benefits. The projected index rate reflects the projected 2022 mixture of area factors, mix of catastrophic/non-catastrophic enrollment and the projected mix of risk morbidity in the Arkansas individual market Single Risk Pool. Note that there are no additional benefits offered beyond the EHB benefits. The Projection Period Index Rate has not been adjusted for payments and charges under the risk adjustment program or for Exchange user fees.

The Projection Period Index Rate, shown in Table 2 below, is equal to the projected total allowed claims PMPM minus the total non-EHB allowed claims PMPM.

DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE (REDACTED)

PLAN ADJUSTED INDEX RATES (REDACTED)

CALIBRATION (REDACTED)

CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT (REDACTED)

PROJECTED LOSS RATIO

Oscar's projected loss ratio calculated consistently with the Medical Loss Ratio (MLR) methodology as prescribed by 45 CFR 158 is 92.1%. The following table demonstrates Oscar's premium development and MLR calculation using rounded values.

Table 12 Oscar Insurance Company Projected Federal Loss Ratio Exhibit	
	All Business
Projected Member Months	(REDACTED)
Paid Claims PMPM	\$443.23
Claim-Related Retention (QI/Health IT) PMPM	\$10.84
Transitional Recoveries (Received)	\$0.00
Risk Adjustment Paid (Received)	\$0.00
Risk Corridors Paid (Received)	\$0.00
MLR Numerator	\$454.07
Premium PMPM	\$508.89
Premium-Related Retention (Taxes/Fees) PMPM	\$15.78
MLR Denominator	\$493.11
Projected Loss Ratio	92.1%

AV METAL VALUES

The AV Metal Values included in Worksheet 2 of the Part I URRT were based on the HHS Actuarial Value Calculator.

Copies of the Actuarial Value Calculator pages for all plans are provided as Attachment B to this memorandum.

Table 13
Oscar Insurance Company
On and Off Exchange Actuarial Values

Plan	Actuarial Value	Actuarial Value Source	Exchange Status
Silver Classic Off-Ex	66.9%	Federal AV Calculator	Off Exchange
Silver Classic- HSA	67.1%	Federal AV Calculator	Off Exchange
Silver Elite- \$2000 Ded	70.1%	Federal AV Calculator	Off Exchange
Bronze Classic- PCP Saver	63.5%	Federal AV Calculator	On/Off Exchange
Bronze Elite- \$0 Ded+PCP Saver	64.3%	Federal AV Calculator	On/Off Exchange
Silver Classic	66.9%	Federal AV Calculator	On/Off Exchange
Silver Simple	66.6%	Federal AV Calculator	On/Off Exchange
Secure	n/a*	n/a*	On/Off Exchange
Gold Classic	77.4%	Federal AV Calculator	On/Off Exchange
Bronze Simple- HSA	64.9%	Federal AV Calculator	On/Off Exchange
Silver Simple- Specialist Saver	66.6%	Federal AV Calculator	On/Off Exchange
Silver Elite	66.2%	Federal AV Calculator	On/Off Exchange
Gold Classic- Low Ded	78.4%	Federal AV Calculator	On/Off Exchange
Bronze Classic- \$0 PCP	64.3%	Federal AV Calculator	On/Off Exchange
Bronze Classic- \$3000 Ded	65.0%	Federal AV Calculator	On/Off Exchange
Bronze Classic- \$4700 Ded	64.8%	Federal AV Calculator	On/Off Exchange
Silver Simple- PCP Saver	66.3%	Federal AV Calculator	On/Off Exchange
Silver Elite- Specialist Saver	70.6%	Federal AV Calculator	On/Off Exchange
Silver Classic- Low Ded	70.5%	Federal AV Calculator	On/Off Exchange
Silver Elite- \$0 PCP	70.0%	Federal AV Calculator	On/Off Exchange
Silver Simple- HSA	71.0%	Federal AV Calculator	On/Off Exchange
Silver Elite- \$0 Ded	70.9%	Federal AV Calculator	On/Off Exchange
Gold Simple	76.3%	Federal AV Calculator	On/Off Exchange
Gold Classic- \$0 PCP	76.9%	Federal AV Calculator	On/Off Exchange
Gold Elite- \$0 Ded	78.4%	Federal AV Calculator	On/Off Exchange
Gold Elite	81.6%	Federal AV Calculator	On/Off Exchange
Gold Classic- HSA	76.2%	Federal AV Calculator	On/Off Exchange
Bronze Super Simple	61.6%	Federal AV Calculator	On/Off Exchange
Bronze Elite	64.9%	Federal AV Calculator	On/Off Exchange
Bronze Elite- \$0 Ded	64.3%	Federal AV Calculator	On/Off Exchange
Silver Simple- For Diabetes	67.9%	Federal AV Calculator	On/Off Exchange

* This is a catastrophic plan and therefore does not have a metallic actuarial value by definition.

MEMBERSHIP PROJECTIONS (REDACTED)

TERMINATED PRODUCTS

Not applicable.

PLAN TYPE

There are no differences between Oscar plans and the plan type selected in the drop-down box in Worksheet 2, Section I of the Part I URRT.

EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL) (REDACTED)

DATA RELIANCE AND CAVEATS

In performing this analysis, I relied on data and other information provided by Oscar Insurance Company I have not audited or verified this data and other information other than reviewing it for general reasonableness. If the underlying data or information is inaccurate, incomplete, or misleading, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

The claims costs suggested were developed from assumptions that have been established based on the available data and other information provided by Oscar Insurance Company. If more relevant data becomes available, the assumptions should be revised. A revision to these might change the results and possibly, the related conclusions. The claims costs provided are projected; actual experience will vary from projected.

This Actuarial Memorandum has been prepared by me on behalf of Oscar and provided to insurance regulators in the Arkansas Insurance Department (AID), and the Department of Health and Human Services for their internal use in accordance with established regulatory procedures.

Actuarial methods, considerations and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this memorandum. Any reader of this report must possess a substantial level of expertise in areas relevant to this analysis to appreciate the significance of the assumptions used in the analysis, and the impact of the assumptions on the illustrated results.

ACTUARIAL CERTIFICATION

I, Lidia Asparouhova, am a Consulting Actuary with the firm of Milliman, Inc. Oscar Insurance Company engaged me to provide the opinion contained herein.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify that to the best of my knowledge and judgment:

- The projected index rate is:
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 147.102 and 156.80)
 - Developed in compliance with the applicable Actuarial Standards of Practice, including but not limited to:
 - ASOP No. 5, Incurred Health and Disability Claims
 - ASOP No. 8, Regulatory Filings for Health Plan Entities
 - ASOP No. 12, Risk Classification
 - ASOP No. 23, Data Quality
 - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
 - ASOP No. 41, Actuarial Communications
 - ASOP No. 42, Determining Health and Disability Liabilities other than Liabilities for Incurred Claims
 - ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
 - ASOP No. 50, Determining Actuarial Value and Minimum Value under the ACA
 - Reasonable in relation to the benefits provided and the population anticipated to be covered
 - Neither excessive nor deficient based on my best estimates of the 2022 individual market though future regulatory changes may affect the extent to which the index rate is neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The geographic rating factors shown in Worksheet 3 of the URRT reflect only differences in the cost of delivery, and do not include differences for population morbidity by geographic area.


- The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the Part I Unified Rate Review Template for all plans.
- The rates in this filing do not incorporate any EHB substitutions and, as such, the requirements of 45 CFR 156.115(b) are not applicable.
- The proposed premium rates are in compliance with applicable laws, rules and guidelines of the State of Arkansas.
- The proposed premium rates are not excessive, inadequate nor unfairly discriminatory and comply with applicable federal and state requirements.

The URRT does not demonstrate the process used by Oscar to develop the rates presented in this actuarial memorandum. Rather they represent information required by Federal and State regulation to be provided in support of the review of rate increases, for certification of qualified health plans and for certification that the index rate is developed in accordance with Federal and State regulation and used consistently and only adjusted by the allowable modifiers.

The 2022 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, court decisions, or otherwise. Changes have the potential to greatly impact the necessary 2022 plan year premium rates provided in this Actuarial Memorandum. Changes include, but are not limited to, any legislative or regulatory amendment, court decision, or a decision by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience. Furthermore, due to the substantial uncertainty regarding the impact of the COVID-19 pandemic, we believe some of the assumptions related to the pandemic's financial impact may exhibit a substantially greater divergence from expectations.

Signed: 

Title: Consulting Actuary

Date: June 18, 2021

ATTACHMENT B-1

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☒
 Apply Skilled Nursing Facility Copay per Day? ☒
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
 Desired Metal Tier: Bronze

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$6,200.00
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)	\$6,200.00	
MOOP if Separate (\$)		

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20% 2nd Tier Utilization: 80%

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$6,200.00
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)	\$3,700.00	
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$1,250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$1,250.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$3,000.00	<input type="checkbox"/>	<input type="checkbox"/>		\$3,000.00	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$3,000.00	<input type="checkbox"/>	<input type="checkbox"/>		\$3,000.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,200.00	<input type="checkbox"/>	<input type="checkbox"/>		\$1,200.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	2
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Bronze Elite- \$0 Ded+PCP Saver
 Plan HIOS ID: 15724A/R0010006-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

Expanded Bronze Standard (50% to 65%), Calculation Successful

Bronze

NOTE: Service specific cost sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0742 seconds

ATTACHMENT B-2

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☒
 Apply Skilled Nursing Facility Copay per Day? ☒
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
 Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$7,000.00	\$1,000.00
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)	\$8,700.00	
MOOP if Separate (\$)		

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20% 2nd Tier Utilization: 80%

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$7,000.00	\$1,000.00
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)	\$8,700.00	
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	2
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Silver Elite
 Plan HIOS ID: 15724A/0010016-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:
 Metal Tier:

Calculation Successful.

\$6.16%

Silver

NOTE: Service-specific cost sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1016 seconds

Final 2022 AV Calculator

ATTACHMENT B-3

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☒ Apply Inpatient Copay per Day?
☒ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20% 2nd Tier Utilization: 80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		\$2,500.00
		Coinurance (%; Insurer's Cost Share)
		50.00%
		MOOP (\$)
		\$7,500.00
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		\$2,500.00
		Coinurance (%; Insurer's Cost Share)
		50.00%
		MOOP (\$)
		\$7,500.00
		MOOP if Separate (\$)

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum:
☒ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): 3
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10):
☐ Begin Primary Care Deductible/Coinurance After a Set Number of Copays?
 # Copays (1-10):

Plan Description:

Name: Silver Elite- Specialist Saver
 Plan HIOS ID: 15724A/0010026-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:
 Metal Tier:

Calculation Successful.

70.98%

Silver

NOTE: Service-specific cost sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.082 seconds

Final 2022 AV Calculator

ATTACHMENT B-4

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☒
 Apply Skilled Nursing Facility Copay per Day? ☒
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
 Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,500.00
Coinsurance (%; Insurer's Cost Share)		50.00%
MOOP (\$)		\$7,500.00
MOOP if Separate (\$)		

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20%
	2nd Tier Utilization: 80%

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,500.00
Coinsurance (%; Insurer's Cost Share)		50.00%
MOOP (\$)		\$7,500.00
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Silver Elite - \$0 PCP
 Plan HIOS ID: 15724A/0010026-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

Calculation Successful.

70.00%

Silver

NOTE: Service-specific cost sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0938 seconds

ATTACHMENT B-5

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☒ Apply Inpatient Copay per Day?
☒ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	20%
		2nd Tier Utilization:	80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		80.00%
		\$8,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		80.00%
		\$8,000.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$375.00	<input type="checkbox"/>	<input type="checkbox"/>		\$375.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum:
☒ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): 3
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10):
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10):

Plan Description:

Name: Gold Elite- \$0 Ded
 Plan HIOS ID: 15724A/0010035-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:
 Metal Tier:

Calculation Successful.

78.44%

Gold

NOTE: Service specific cost sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0664 seconds

Final 2022 AV Calculator

ATTACHMENT B-6

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☒ Apply Inpatient Copay per Day?
☒ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		Coinsurance (%; Insurer's Cost Share)
		MOOP (\$)
		MOOP if Separate (\$)

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20% 2nd Tier Utilization: 80%

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		Coinsurance (%; Insurer's Cost Share)
		MOOP (\$)
		MOOP if Separate (\$)

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Silver Elite - \$2000 Ded
 Plan HIOS ID: 15724A/R0010015-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:
 Metal Tier:

Calculation Successful.

70.05%

Silver

NOTE: Service-specific cost sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0998 seconds

Final 2022 AV Calculator

ATTACHMENT B-7

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20% 2nd Tier Utilization: 80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		Coinurance (%; Insurer's Cost Share)
		MOOP (\$)
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		Coinurance (%; Insurer's Cost Share)
		MOOP (\$)
		MOOP if Separate (\$)

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$290.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$290.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: _____
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): _____
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10): _____
☐ Begin Primary Care Deductible/Coinurance After a Set Number of Copays?
 # Copays (1-10): _____

Plan Description:

Name: Bronze Classic- PCP Saver
 Plan HIOS ID: 15724A/R0010002-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful

63.48%

Bronze

NOTE: Office visit specific cost sharing is applying to x-rays in office settings. NOTE: Service specific cost sharing is applying for service(s) with fac/arch components, overriding outpatient inouts for those service(s).

0.0742 seconds

ATTACHMENT B-8

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20% 2nd Tier Utilization: 80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		\$5,750.00
		Coinurance (%; Insurer's Cost Share)
		50.00%
		MOOP (\$)
		\$8,700.00
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		\$5,750.00
		Coinurance (%; Insurer's Cost Share)
		50.00%
		MOOP (\$)
		\$8,700.00
		MOOP if Separate (\$)

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum:
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10):
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10):
☐ Begin Primary Care Deductible/Coinurance After a Set Number of Copays?
 # Copays (1-10):

Plan Description:

Name: Silver Classic
 Plan HIOS ID: 15724A/0010006-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:
 Metal Tier:

Calculation Successful

\$6.81%
 Silver

Additional Notes:

Calculation Time:

0.0998 seconds

Final 2022 AV Calculator

ATTACHMENT B-9

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$4,200.00
		50.00%
		\$8,700.00

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20%
	2nd Tier Utilization: 80%

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$4,200.00
		50.00%
		\$8,700.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Silver Simple
 Plan HIOS ID: 15724A/R0010006-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Calculation Successful

86.64%

Silver

Additional Notes:

Calculation Time:

0.0703 seconds

Final 2022 AV Calculator

ATTACHMENT B-10

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20% 2nd Tier Utilization: 80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		\$5,750.00
		Coinsurance (%; Insurer's Cost Share)
		50.00%
		MOOP (\$)
		\$8,700.00
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$)
		\$5,750.00
		Coinsurance (%; Insurer's Cost Share)
		50.00%
		MOOP (\$)
		\$8,700.00
		MOOP if Separate (\$)

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: _____
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): _____
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10): _____
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10): _____

Plan Description:

Name: Silver Classic Off-Ex
 Plan HIOS ID: 15724A/0010010-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Calculation Successful

\$6.81%

Silver

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2022 AV Calculator

ATTACHMENT B-11

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	20%
		2nd Tier Utilization:	80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,500.00
Coinsurance (%; Insurer's Cost Share)		70.00%
MOOP (\$)		\$5,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$3,500.00
		70.00%
		\$5,000.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$375.00	<input type="checkbox"/>	<input type="checkbox"/>		\$375.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Gold Classic
 Plan HIOS ID: 15724A/0010013-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Calculation Successful

77.37%

Gold

Additional Notes:

Calculation Time:

0.082 seconds

Final 2022 AV Calculator

ATTACHMENT B-12

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20% 2nd Tier Utilization: 80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,450.00
		50.00%
		\$8,700.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$5,450.00
		50.00%
		\$8,700.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: _____
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): _____
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10): _____
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10): _____

Plan Description:

Name: Silver Simple- Specialist Saver
 Plan HIOS ID: 15724A/0010015-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:
 Metal Tier:

Calculation Successful.

86.83%

Silver

NOTE: Office visit specific cost sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2022 AV Calculator

ATTACHMENT B-13

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	20%
		2nd Tier Utilization:	80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,250.00
		80.00%
		\$7,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$1,250.00
		80.00%
		\$7,000.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Gold Classic- Low Ded
 Plan HIOS ID: 15724A/0010020-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful

78.38%

Gold

Additional Notes:

Calculation Time:

0.0859 seconds

Final 2022 AV Calculator

ATTACHMENT B-14

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
 Desired Metal Tier: Bronze

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$8,000.00
Coinsurance (%; Insurer's Cost Share)		50.00%
MOOP (\$)		\$8,700.00
MOOP if Separate (\$)		

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20%
	2nd Tier Utilization: 80%

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$8,000.00
		50.00%
		\$8,700.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Bronze Classic- \$0 PCP
 Plan HIOS ID: 15724A/0010021-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

Expanded Bronze Standard (50% to 65%), Calculation Successful

Bronze

NOTE: Office visit specific cost sharing is applying to x-rays in office settings.

0.0781 seconds

ATTACHMENT B-15

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	20%
		2nd Tier Utilization:	80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		50.00%
		\$8,700.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		50.00%
		\$8,700.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: _____
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): _____
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10): _____
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10): _____

Plan Description:

Name: Bronze Classic- \$3000 Ded
 Plan HIOS ID: 15724A/R0010023-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

Expanded Bronze Standard (50% to 65%), Calculation Successful

Bronze

NOTE: Service-specific cost sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.082 seconds

ATTACHMENT B-16

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20% 2nd Tier Utilization: 80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,700.00
Coinsurance (%; Insurer's Cost Share)		50.00%
MOOP (\$)		\$8,700.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,700.00
Coinsurance (%; Insurer's Cost Share)		50.00%
MOOP (\$)		\$8,700.00
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Bronze Classic- \$4700 Ded
 Plan HIOS ID: 15724A/R0010024-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Expanded Bronze Standard (56% to 65%), Calculation Successful

64.75%

Bronze

Additional Notes:

Calculation Time:

0.1016 seconds

Final 2022 AV Calculator

ATTACHMENT B-17

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	20%
		2nd Tier Utilization:	80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,000.00
Coinsurance (%; Insurer's Cost Share)		80.00%
MOOP (\$)		\$8,375.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,000.00
Coinsurance (%; Insurer's Cost Share)		90.00%
MOOP (\$)		\$8,375.00
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: _____
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): _____
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10): _____
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10): _____

Plan Description:

Name: Silver Simple- PCP Silver
 Plan HIOS ID: 15724A/0010025-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

Calculation Successful.

86.28%

Silver

NOTE: Office visit specific cost sharing is applying to x-rays in office settings.

0.0742 seconds

ATTACHMENT B-18

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20% 2nd Tier Utilization: 80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		80.00%
		\$8,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		90.00%
		\$8,000.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: _____
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): _____
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10): _____
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10): _____

Plan Description:

Name: Silver Classic- Low Ded
 Plan HIOS ID: 15724A/0010027-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Calculation Successful

70.52%

Silver

Additional Notes:

Calculation Time:

0.1094 seconds

Final 2022 AV Calculator

ATTACHMENT B-19

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20% 2nd Tier Utilization: 80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		50.00%
		\$8,700.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		50.00%
		\$8,700.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: _____
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): _____
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10): _____
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10): _____

Plan Description:

Name: Silver Elite - \$0 Ded
 Plan HIOS ID: 15724A/R0010030-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:
 Metal Tier:

Calculation Successful.

70.84%

Silver

NOTE: Service-specific cost sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2022 AV Calculator

ATTACHMENT B-20

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	20%
		2nd Tier Utilization:	80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		80.00%
		\$6,350.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		90.00%
		\$6,350.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Gold Simple
 Plan HIOS ID: 15724A/0010033-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful

76.32%

Gold

Additional Notes:

Calculation Time:

0.0864 seconds

Final 2022 AV Calculator

ATTACHMENT B-21

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	20%
		2nd Tier Utilization:	80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,000.00
		50.00%
		\$6,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$5,000.00
		50.00%
		\$6,750.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Gold Classic- 90 PCP
 Plan HIOS ID: 15724A/0010034-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Status/Error Messages:

Actual Value:

Metal Tier:

Calculation Successful

76.86%

Gold

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2022 AV Calculator

ATTACHMENT B-22

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	20%
		2nd Tier Utilization:	80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$500.00
		70.00%
		\$5,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$500.00
		70.00%
		\$5,000.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Gold Elite
 Plan HIOS ID: 15724A/0010036-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Status/Error Messages:

Actual Value:

Metal Tier:

Calculation Successful

81.80%

Gold

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2022 AV Calculator

ATTACHMENT B-23

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
 Desired Metal Tier: Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	20%
		2nd Tier Utilization:	80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$8,000.00
		50.00%
		\$8,700.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$8,000.00
		50.00%
		\$8,700.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☐
 Specialty Rx Coinsurance Maximum:
 Set a Maximum Number of Days for Charging an IP Copay? ☐
 # Days (1-10):
 Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐
 # Visits (1-10):
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐
 # Copays (1-10):

Plan Description:

Name: Bronze Super Simple
 Plan HIOS ID: 15724A/R0010036-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

Expanded Bronze Standard (50% to 65%), Calculation Successful

Bronze

NOTE: Service specific cost sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

ATTACHMENT B-24

User Inputs for Plan Parameters

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	20%
		2nd Tier Utilization:	80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$6,700.00
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)	\$6,700.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$6,700.00
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)	\$3,700.00	
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$1,250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$1,250.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,200.00	<input type="checkbox"/>	<input type="checkbox"/>		\$1,200.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: _____
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): _____
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10): _____
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10): _____

Plan Description:

Name: Bronze Elite
 Plan HIOS ID: 15724AR0010041-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

Expanded Bronze Standard (50% to 65%), Calculation Successful

64.83%

Bronze

NOTE: Service-specific cost sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0938 seconds

ATTACHMENT B-25

User Inputs for Plan Parameters

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	20%
		2nd Tier Utilization:	80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$6,700.00
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)	\$6,700.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$6,700.00
Coinsurance (%; Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)	\$3,700.00	
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$1,250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$1,250.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,200.00	<input type="checkbox"/>	<input type="checkbox"/>		\$1,200.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: _____
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): _____
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10): _____
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10): _____

Plan Description:

Name: Bronze Elite- \$0 Ded
 Plan HIOS ID: 15724A/R0010043-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

Expanded Bronze Standard (50% to 65%), Calculation Successful

Bronze

NOTE: Service-specific cost sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.082 seconds

ATTACHMENT B-26

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate MOOP for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
 Desired Metal Tier: Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	20%
		2nd Tier Utilization:	80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,200.00
Coinsurance (%; Insurer's Cost Share)		50.00%
MOOP (\$)		\$7,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$5,200.00
		50.00%
		\$7,000.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Bronze Simple- HSA
 Plan HIOS ID: 15724A/0010014-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

Expanded Bronze Standard (50% to 65%), Calculation Successful

64.94%

Bronze

NOTE: Office visit specific cost sharing is applying to x-rays in office settings.

0.0781 seconds

ATTACHMENT B-27

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	20%
		2nd Tier Utilization:	80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		80.00%
		\$7,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		90.00%
		\$7,000.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: _____
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): _____
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10): _____
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10): _____

Plan Description:

Name: Silver Classic- HSA
 Plan HIOS ID: 15724A/10010018-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Calculation Successful

87.07%

Silver

Additional Notes:

Calculation Time:

0.0625 seconds

Final 2022 AV Calculator

ATTACHMENT B-28

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20% 2nd Tier Utilization: 80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,500.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$4,500.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,500.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$4,500.00
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: _____
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): _____
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10): _____
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10): _____

Plan Description:

Name: Silver Simple- HSA
 Plan HIOS ID: 15724A/0010025-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Calculation Successful

70.88%

Silver

Additional Notes:

Calculation Time:

0.2091 seconds

Final 2022 AV Calculator

ATTACHMENT B-29

User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20% 2nd Tier Utilization: 80%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,850.00
Coinsurance (%; Insurer's Cost Share)		90.00%
MOOP (\$)		\$5,500.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$2,850.00
		90.00%
		\$5,500.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Gold Classic- HSA
 Plan HIOS ID: 15724A/0010037-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Calculation Successful

76.17%

Gold

Additional Notes:

Calculation Time:

0.0864 seconds

Final 2022 AV Calculator

ATTACHMENT B-30

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate MOOP for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,450.00
Coinsurance (%; Insurer's Cost Share)		50.00%
MOOP (\$)		\$8,700.00
MOOP if Separate (\$)		

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 20%
	2nd Tier Utilization: 80%

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$5,450.00
		50.00%
		\$8,700.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Silver Simple - For Diabetes
 Plan HIOS ID: 15724A/0010045-00
 Issuer HIOS ID: 15724
 AVC Version: 2022_1b

Output

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

Calculation Successful.

\$7.81%

Silver

NOTE: Office visit specific cost sharing is applying to x-rays in office settings.

0.0742 seconds